

**Vermont Cancer Coalition  
Quarterly Meeting**

**Wednesday, January 12, 2005  
9 am – 1 pm**

**Purposes of this meeting:**

- 1) Prioritize goals, objectives & strategies for Cancer Plan (2005 - 2010)
- 2) Identify projects and resource needs for July 2005 - June 2006
- 3) Preview next CDC Grant application - Implementation Phase (due Feb 1)
- 4) Identify next steps for workgroups: Strategy refinement & project initiation

**Attendance:** 39 Expected, 30 Participated (3 via telephone).

Ali Johnson, VDH; Amy Yavitz, ACS; Amy Nickerson, DAIL; Ann Gray, FAHC; Brenda Smith, VDH; Carol Miklos, VCC; David Cranmer, Leukemia Society; Debbie Dameron, ACS;

**Meeting notes:**

**9:00 am Welcome / Introductions**

Announcements:

- 1) ACS is hosting a technical assistance call re: colorectal cancer on Friday, Jan 14<sup>th</sup> from 10 am – 12 noon. Contact [Debbie.Dameron@cancer.org](mailto:Debbie.Dameron@cancer.org) if interested in participating.
- 2) John Campbell, Vermont Ethics Network, announced a 1 day conference in February, in Montpelier, re: use and promotion of Advanced Directives for health care.
- 3) Funding available from CMS for ethnic minority cancer control & prevention activities.

More info at: <http://fedgrants.gov/Applicants/HHS/7530/CMS/CMS-5036-N/Grant.html>

- 4) Moira Cook, VDH, & Debbie Dameron, ACS, will become interim co-chairs for Prevention & Early Detection workgroup since Suzanne Kelly is on maternity leave and Joanne Fedele has two new grant programs to administer at her job in Newport. Both Suzanne and Joanne will remain active in the workgroup.

**9:15 am "The Big Picture from Here" – Timelines, Progress, Tasks today**

We have a lot to do this spring to complete our plan, but we can accomplish this work together. We have two different timelines to consider as we move forward:

- 1) Complete the Vermont Cancer Plan, 2005-2010 by May;**
- 2) Complete the grant application to fund activities for 2005-2006, by Feb. 1.**

Today's focus was on Timeline #2 – Coalition was asked to identify up to 10 activities that we are ready to Implement in the coming year, and for John to include in this grant application.

Workgroups will need to meet periodically this spring to complete their work on the Cancer Plan. John will present a complete draft to Coalition prior to our next quarterly meeting, April 14<sup>th</sup>.

**9:30 am Workgroup time (facilitators & recorders needed)**

Workgroups were asked to spend 90 minutes on the following tasks:

- 1) Prioritized Goals, Objectives & Strategies (Musts vs. Wants)
- 2) Strategies ready to be initiated in July 05 - June 06
- 3) Clear, concise Problem Statements (1-3 sentences, if possible)
- 4) Estimated resources & Lead Partners needed for these strategies
- 5) Next steps for workgroups to Implement strategies & activities

**11:00 am Break**

### **11:10 am Workgroup presentations to the whole Coalition**

A summary of priorities for 2005 – 2006 follows.

Workgroup co-chairs were asked to **submit details to John by January 21**, including a **brief project outline, key partners, estimated budget**, and a **contact person** from the workgroup.

Prevention & Early Detection workgroup identified the following activities for 2005-2006:

- 1) Increase Colorectal screening, following a similar program used in NY state;
- 2) Promote Sun protection at worksites, ski areas, after-school programs;
- 3) Increase Radon awareness with a postcard mailing, similar to lead program;
- 4) Increase Physical activity in communities through mini-grants to existing helath promotion coalitions;

This workgroup also decided to split into a Prevention workgroup and an Early Detection workgroup. Debbie is sending out possible dates for both in early February.

Treatment workgroup identified these priorities

- 1) Increase participation in clinical trials;
- 2) Increase access to quality treatment by reducing financial, transportation and cultural barriers; relating to insurance coverage, transportation clearinghouse, and provider training;
- 3) Improve provider knowledge about multimodality treatment options, via assessing current CME systems and adherence to clinical standards;
- 4) Increase local case manager support, especially in underserved counties.

The Survivorship workgroup will include:

- 1) Assessment of needs and issues faced by cancer survivors and caregivers/family members; including identifying survivors from around the state;
- 2) Identify geographic distribution and gaps of services for cancer survivors.

The Palliation workgroup did not meet today for lack of participants. This group has based their goals, objectives and activities on work done concurrently by the Vermont Pain Initiative and Attorney General's Workgroup on Pain Management. John reported that their main goals include:

- 1) Support for a statewide secure electronic registry of Advance Directives;
- 2) Integration of palliative care into healthcare systems, including reimbursement;
- 3) Increase provider training for pain and symptom management;
- 4) Increase access and timely referrals to palliative care and hospice services.

### **12:15 pm Buffet Lunch & Discussion:**

### **12:50 pm Wrap-up, Evaluations,**

John thanked everyone for making the trip today in threatening weather, and asked them to complete evaluation. (Summary attached.) He also reminded workgroups to be meeting as needed to complete the next steps toward completion of their section of the plan.

### **1:00 pm Adjourn**